FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITI PURSUANT TO REGULATION L. **SECTION 4(6), AND/OR**

	OMB APP	ROVAL
	OMB Number:	3235-0076
	Expires:	
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Figure 10 ONFORM LIMITED OFFERING EXEMPTION
Name of Offering (Check if this is an amendment and name has changed, and indicate change.)
Private Placement of up to \$50,000 in Class A Limited-Liability Membership Units
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Rule 4(6) LOB
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the Information requested about the issuer
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) USA Capital Fund I, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
4484 South Pecos Road, Las Vegas, Nevada 89121 702.734, 2400 FECTION
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
USA Capital Fund I, LLC proposes to invest in entire or fractional interests in acquisition, development, construction, bridge or interim loans secured by first deeds of trust on undeveloped land and residential and commercial developments.
secured by hist deeds of trust on undeveloped land and residential and commercial developments.
Type of Business Organization
corporation limited partnership, already formed other (please specify): limited-liability company
☐ business trust ☐ limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: 0 6 0 5 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTI	FICATION DATA	i .	
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within 	the past five years;		
 Each beneficial owner having the power to vote or dispose, or dire of the issuer; 	ect the vote or disposition of	of, 10% or more of	a class of equity securities
Each executive officer and director of corporate issuers and of corp	orate general and managing	g partners of partne	rship issuers; and
 Each general and managing partner of partnership issuers. 			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Joseph D. Milanowski	1.)		
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
4484 South Pecos Road, Las Vegas, Nevada 89121 Check Box(es) that Apply: Promoter Beneficial Owner		Director	General and/or
Check Box(es) that Apply: Promoter Beneficial Owner	M Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if individual)			
Paul S. Hamilton			
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
4484 South Pecos Road, Las Vegas, Nevada 89121			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
Trumber and Street, City, State, 219 Co	dc)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			Managing 1 armor
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		
(Use blank sheet, or copy and use additi	onal copies of this sheet, as	necessary.)	

				B. I	NFORMAT	TION ABO	UT OFFE	RING				
											Yes	No
1. Has the	e issuer sol	d or does th	e issuer inte	end to sell, t	o non-accre	edited inves	tors in this o	offering?		······		\boxtimes
			Ansv	ver also in A	Appendix, C	Column 2, if	filing unde	r ULOE.				
2. What i	s the minin	num investr	nent that wi	ll be accept	ed from any	' individual	?		*************	•••••		\$50,000
3. Does t	he offering	permit join	t ownership	of a single	unit?	***************					Yes ⊠	No
	_	-	-	_						any commiss		
or simulisted it of the	ilar remune is an associ broker or d	ration for s ated person lealer. If m	olicitation of or agent of	of purchaser a broker or e (5) persor	rs in connect dealer regines to be liste	ction with s stered with	ales of secu the SEC an	rities in the d/or with a	offering. I state or stat	f a person to es, list the na dealer, you n	be ime	
Full Name	(Last nam	e first, if in	dividual)									
USA Se	curities, LL0	С										
Business o	r Residence	e Address	(Number	and Street,	City, State,	Zip Code)						
4484 Sc	outh Pecos I	Road, Las \	/egas, Neva	da 89121								
Name of A	ssociated E	Broker or D	ealer					<u></u> .				
			dent Financ				Group					
States in V	Vhich Perso	on Listed Ha	as Solicited	or Intends t	o Solicit Pu	ırchasers						
(Check	"All States"	or check is	ndividual S	tates)		••••••		***************************************	.,,			All States
[AL]	[AK]	[AZ]	[AR]	CA✓	[CO]	[CT]	[DE]	[DC]	FL✓	[GA]	[HI]	[ID]
[IL]	[IN]	IA✓	[KS]	[KY]	[LA]	[ME]	[MD]	MA✓	[MI]	[MN]	[MS]	[MO]
[MT]	NE✓	[NV]	NH✓	NJ✓	[NM]	NY✓	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	VA✓	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if in	dividual)									
Business o	or Residence	e Address	(Number	and Street,	City, State,	Zip Code)						
Name of A	Associated E	Broker or D	ealer		-							
States in V	Vhich Perso	n Listed Ha	as Solicited	or Intends t	o Solicit Pu	ırchasers		 _				
(Check	"All States"	or check i	ndividual Si	tates)		• • • • • • • • • • • • • • • • • • • •						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last nam			(,			<u></u>				<u> </u>	[]
	`	•	,									
Business o	or Residence	e Address	(Number	and Street,	City, State,	Zip Code)						
Name of A	Associated E	Broker or D	ealer									
States in V	Vhich Perso	n Listed H	as Solicited	or Intends 1	o Solicit Pu	irchasers						
(Check	"All States"	or check i	ndividual Si	tates)						•••••		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	OF F	PROCEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregato		۸ ۳۰	agunt Alranda
	Type of Security		Aggregate ffering Price		АП	nount Already Sold
	Debt	\$	0		\$	C
	Equity	\$	0		\$	C
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$	0		\$	
	Partnership Interests	\$	0		\$	С
	Other (Specify Class A limited-liability membership units)	\$	50,000,000		\$	
	Total	\$	50,000,000		\$	
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Do	Aggregate ollar Amount f Purchases
	Accredited Investors		00	_	\$	
	Non-accredited Investors		0		\$	
	Total (for filings under Rule 504 only)		0	-	\$	C
	Answer also in Appendix, Column 4, if filing under ULOE.			-		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T		D	ollar Amount
	Type of offering		Type of Security		D	Sold
	Rule 505		n/a	_	\$	n/a
	Regulation A		n/a	_	\$	n/a
	Rule 504		n/a		\$	n/a
	Total		n/a	-	\$	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			-		
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs			\boxtimes	\$	20,000
	Legal Fees			\boxtimes	\$	25,000
	Accounting Fees				\$	
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)			\boxtimes	\$	750,000
	Other Expenses (identify)				\$	
	Total				e	815 000

	C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND	USE	OI	PROCEEDS		
	and total expenses furnished in response to	ate offering price given in response to Part C - Questo Part C - Question 4.a. This difference is the "ad	usted			\$_	49,185,000
5.	each of the purposes shown. If the amour	ross proceeds to the issuer used or proposed to be us at for any purpose is not known, furnish an estimate The total of the payments listed must equal the adjunct to Part C - Question 4 by above	e and				
	gross proceeds to the issue: set forth in resp	onse to Tate C - Question 4.0. above.			Payments to Officers, Directors, & Affiliates	F	Payments To Others
	Salaries and fees			\$	0	□ \$	0
	Purchase of real estate			\$	0	□ \$	0
	Purchase, rental or leasing and installation	of machinery and equipment		\$	0	□ \$	0
	Construction or leasing of plant buildings	and facilities		\$	0	□ \$	0
	Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)			\$	0	□ \$	0
	Repayment of indebtedness			\$	0	□ \$	0
	Working capital			\$	0	□ \$	
	Other (specify): Management Fees			\$	737,775	□ \$	
	Cash reserve (\$737,775) and investment	s in mortgage loans (\$47,709,450)	. 🖂	\$		⊠ \$	48,447,225
	Column Totals		\boxtimes	\$	737,775	⊠ \$	48,447,225
	Total Payments Listed (column totals add	ed)			⊠ \$ _	49,185,	000
		D. FEDERAL SIGNATURE					
sig	nature constitutes an undertaking by the issu	ned by the undersigned duly authorized person. If the er to furnish to the U.S. Securities and Exchange Conceredited investor pursuant to paragraph (b)(2) of R	mmis	sio	n, upon written	request o	of its staff, the
Iss	uer (Print or Type)	Signature			Date		· · · · · · · · · · · · · · · · · · ·
	JSA Capital Fund I, LLC	jandi	_			July 7,	2005
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					
	Paul S. Hamilton	Co-Owner of USA Capital Realty Advisors, LLC	, the	Mai	nager of the Issu	er	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 pr	sently subject to any of the disqualificatio	n provisions of such rule	?	Yes	No ⊠	
		See Appendix, Column 5, for state resp	onse.				
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by st	•	tate in which this notice	is filed, a notic	e on For	m D (17	
3.	The undersigned issuer hereby undertakes t offerees.	furnish to the state administrators, upor	written request, inform	ation furnished	d by the i	ssuer to	
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	e issuer has read this notification and knows of the support of th	he contents to be true and has duly caused	this notice to be signed	on its behalf b	y the und	ersigned	
Iss	uer (Print or Type)	Signature		Date			
	USA Capital Fund I, LLC	fork	····	July	7, 2005		
Na	me of Signer (Print or Type)	Title (Print or Type)					

Co-Owner of USA Capital Realty Advisors, LLC, the Manager of the Issuer

E. STATE SIGNATURE

Instruction:

Paul S. Hamilton

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	 		4		Disqual	5	
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL	1 03	110		THV CSCOTS	AMount	Investors	Ainount	1 23		
AK										
AZ										
AR										
CA		✓	Up to \$50,000,000 in Class A limited liability company membership units						√	
СО										
СТ									L	
DE										
DC										
FL		✓	Up to \$50,000,000 in Class A limited liability company membership units						✓	
GA										
НІ										
ID										
IL										
IN										
IA		✓	Up to \$50,000,000 in Class A limited liability company membership units						✓	
KS										
KY										
LA										
ME										
MD										
MA		✓	Up to \$50,000,000 in Class A limited liability company membership units				<u></u> -		✓	
MI										
MN										
MS				· · · · · · · · · · · · · · · · · · ·						
МО										

APPENDIX	
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1	<u> </u>	2	3			4			5
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	ı			Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT		<u></u>							
NE		1	Up to \$50,000,000 in Class A limited liability company membership units						✓
NV	:								
NH		1	Up to \$50,000,000 in Class A limited liability company membership units						✓
NJ		✓	Up to \$50,000,000 in Class A limited liability company membership units						✓
NM									
NY		✓	Up to \$50,000,000 in Class A limited liability company membership units						✓
NC									
ND									
ОН	1]			
ОК									
OR									
РА									
RI									
SC									
SD									
TN									
TX									
UT									
VT		✓	Up to \$50,000,000 in Class A limited liability company membership units						✓
VA									
WA									
wv									
WI									
WY									
PR									